

FORM	ITR-V	INDIAN INCOME TAX RETURN VERIFICATION FORM [Where the data of the Return of Income/Fringe Benefits in Form ITR-1, ITR-2, ITR-3, ITR-4, ITR-5, ITR-6 & ITR-8 transmitted electronically without digital signature] (Please see Rule 12 of the Income-tax Rules,1962) (Also see attached instructions)	Assessment Year				
			2	0	0	7	-

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION	Name				PAN				
	Flat/Door/Block No		Name Of Premises/Building/Village		Form No. which has been electronically transmitted (fill the code)		□ □		
	Road/Street/Post Office		Area/Locality						
	Town/City/District		State		Status (fill the code)		□ □		
	E-filing Acknowledgement Number		Date(DD/MM/YYYY)						/ /
COMPUTATION OF INCOME AND TAX THEREON	1	Gross total income				1			
	2	Deductions under Chapter-VI-A				2			
	3	Total Income				3			
	4	Net tax payable				4			
	5	Interest payable				5			
	6	Total tax and interest payable				6			
	7	Taxes Paid							
		a	Advance Tax	7a					
		b	TDS	7b					
		c	TCS	7c					
	d	Self Assessment Tax	7e						
	e	Total Taxes Paid (7a+7b+7c +7d)			7e				
8	Tax Payable (6-7d)				8				
9	Refund (7e-6)				9				
COMPUTATION OF FRINGE BENEFITS AND TAX THEREON	10	Value of Fringe Benefits				10			
	11	Total fringe benefit tax liability				11			
	12	Total interest payable				12			
	13	Total tax and interest payable				13			
	14	Taxes Paid							
		a	Advance Tax	14a					
		b	Self Assessment Tax	14b					
		c	Total Taxes Paid (14a+14b)			14c			
15	Tax Payable (13-14c)				15				
16	Refund				16				

VERIFICATION

I, _____ (full name in block letters), son/ daughter of _____ solemnly declare that to the best of my knowledge and belief, the information given in the return and the schedules thereto which have been transmitted electronically by me vide acknowledgement number mentioned above is correct and complete and that the amount of total income/ fringe benefits and other particulars shown therein are truly stated and are in accordance with the provisions of the Income-tax Act, 1961, in respect of income and fringe benefits chargeable to income-tax for the previous year relevant to the assessment year 2007-08. I further declare that I am making this return in my capacity as _____ and I am also competent to make this return and verify it.

Sign here →

Date

Place

If the return has been prepared by a Tax Return Preparer (TRP) give further details as below:									
Identification No. of TRP				Name of TRP			Counter Signature of TRP		
For Office Use Only					Seal and Signature of receiving official				
Receipt No									
Date									